

**Fill in this Information to identify the case:**

Debtor 1 **Lucille Marie Baker**  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
  
Debtor 2  
(Spouse, if filing) First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
  
United States Bankruptcy Court for the: Eastern District of Washington  
(State)  
Case number: **10-03809-PCW13**

**Form 1340 (12/19)**

## **APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

### **1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 9,200.84
Claimant's Name:	Adams & Cohen, LLC as Assignee of Lucille Marie Baker
Claimant's Current Mailing Address, Telephone Number, and Email Address:	P O Box 24048 Jacksonville, FL 32241 Telephone : 904-204-9148 Email: admin@adamscohen.com

### **2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

### **3. Supporting Documentation**

- Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Eastern District of Washington  
920 W Riverside Ave. #300  
Spokane, WA 99201

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: January 19, 2021

Signature of Applicant

Jairo Camargo for Adams & Cohen, LLC

Printed Name of Applicant

Address: Adams & Cohen, LLC  
P O Box 24048  
Jacksonville, FL 32241

Telephone: 904-204-9148

Email: admin@adamscohen.com

**6. Notarization**

STATE OF FLORIDA

COUNTY OF DUVAL

This Application for Unclaimed Funds, dated

JAN - 19, 2021 was subscribed and sworn to before  
me this 19<sup>th</sup> day of January, 20 21 by

Jairo Camargo

who signed above and is personally known to me (or  
proved to me on the basis of satisfactory evidence) to be  
the person whose name is subscribed to the within  
instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:



Oslenys B Alba  
Comm. # GG324795  
Expires: May 13, 2023  
Bonded Thru Aaron Notary

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated

\_\_\_\_\_ was subscribed and sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by

who signed above and is personally known to me (or  
proved to me on the basis of satisfactory evidence) to be  
the person whose name is subscribed to the within  
instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires:

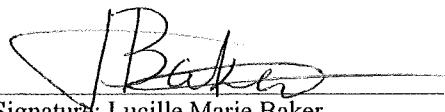
## ASSIGNMENT AGREEMENT

This Assignment Agreement ("Agreement") is entered into on this 17<sup>th</sup> day of January, 2021 by and between **Lucille Marie Baker**, 14015 N 94<sup>th</sup> Street, Apt. 2037, Scottsdale, AZ 85260 ("Assignor") and **Adams & Cohen, LLC**, a Florida Limited Liability Company, 841 Prudential Drive, Suite 1200, Jacksonville, FL 32207 ("Assignee").

1. Assignor is/ was a creditor in a Bankruptcy Case filed in the United States Bankruptcy Court of the Eastern District of Washington. In his/ her capacity as creditor, Assignor was entitled to a distribution of funds in the amount of \$9,200.84 ("Funds"), which remittance was attempted by the Trustee at the Assignor's last known address. Such remittance was never negotiated, however, and pursuant to Federal Rule of Bankruptcy Procedure 3011 and 11 U.S.C. 347, the trustee remitted the funds to the Clerk of the Court for payment on to the Registry of Unclaimed Funds. Such Funds are subject to withdrawal as provided by 28 U.S.C. 2042.
2. Rather than attempting to collect the Funds- and in an effort to both save the expense of such a collection, as well as to expedite the liquidating of their interest in the Funds- Assignor desires to legally assign his/ her interest in such Funds and Assignee desires to purchase and obtain such interest in the Funds. Therefore, with both parties being of sound mind, and operating in the manner in which they deem to be in their mutual best interest, Assignor shall convey all rights, title and interest that Assignor has in the Funds and the Claim which generated same, and Assignee shall purchase all rights, title and interest that Assignor has in the funds and such Claim as generated same.
3. For Good and valuable consideration, the Assignor does hereby irrevocably transfer and assign to Assignee and assigns, all of his/ her rights, title and interest to Assignee in reference to this Claim/ Funds.
4. **Consideration:** The consideration herein given by Assignee to Assignor shall be the sum of \$                 which sum shall be remitted to Assignor. A check will be issued to the Assignor for the above stated amount 14 days after the claim has been approved.
5. This assignment shall be deemed an absolute and unconditional assignment of Claim for the purpose of collection and satisfaction, and shall not be deemed to create a security interest.
6. Assignor represents and warrants to Assignee that no payment or other distribution has been received by or on behalf of Assignor in full or partial satisfaction of the assigned rights; that Assignor has not previously sold or assigned the rights, in whole or in part, to any party.
7. Assignor hereby irrevocably appoints Assignee, Adams & Cohen, LLC, as its true and lawful attorney-in-fact to act in Assignor's stead with respect to the Claim/ Funds assigned.
8. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter above.

IN WITNESS WHEREOF, the undersigned have duly executed this Agreement by their duly authorized representatives as of the above Date of this Agreement.

ASSIGNOR: Lucille Marie Baker



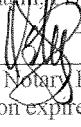
Signature: Lucille Marie Baker.

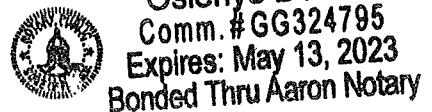
ASSIGNEE: Jairo Camargo for Adams & Cohen, LLC

  
Signature: Jairo Camargo

On this 19<sup>th</sup> day of Jan, 2021, I, Jairo Camargo Certify that the preceding or attached document titled

Assignment Agreement (1) Page(s), is a true, accurate, complete redacted copy of the original being kept at 201 S. Biscayne Blvd., Suite 2800, Miami, FL 33131.

Oslenys Alba - Notary Public State of Florida  
My Commission expires: May 13, 2023



# ADAMS & COHEN

841 Prudential Drive, Suite 1200  
Jacksonville, FL 32207-1105  
E-mail: admin@adamscohen.com

Tel 904-204-9148  
Fax 888-978-2226

## NOTICE OF ASSIGNMENT

For good and valuable consideration, receipt of which is hereby acknowledged, the undersigned, **Lucille Marie Baker** ("Assignor") hereby sells, assigns, conveys and transfers over and unto Adams & Cohen, LLC ("Assignee"), any and all of right, title and interest in and to the below reference claim/ funds:

The Assigned claim/ funds:

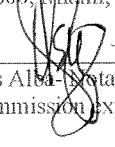
Court: U.S. Bankruptcy Court Eastern District of Washington  
Case Number: 10-03809-PCW-13  
Debtor(s): Lucille Marie Baker  
Unclaimed Funds: \$9,200.84  
Claim #: Scheduled  
Assignment Price: \$ [REDACTED]

CLAIM IS ASSIGN "AS IS", WHERE IS" WITH NO WARRANTIES OR REPRESENTATIONS WHATSOEVER, EXCEPT AS EXPRESSLY PROVIDED IN THE ASSIGNMENT AGREEMENT, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANT ABILITY OR FITNESS FOR A PARTICULAR PURPOSE.



Signature: Lucille Marie Baker

On this 19<sup>th</sup> day of JAN, 2021, I, Jairo Camargo   
Certify that the preceding or attached document titled  
Notice of Assignment (1) Page(s), is a true, accurate, complete  
Redacted copy of the original being kept at 201 S. Biscayne Blvd,  
Suite 2800, Miami, FL 33131.

  
Oslenys Alba Notary Public State of Florida  
My Commission Expires: May 13, 2023



Oslenys B Alba  
Comm. # GG324795  
Expires: May 13, 2023  
Bonded Thru Aaron Notary



A+ Rating

State of Florida License: A9900096

adamscohen.com

# ADAMS & COHEN

841 Prudential Drive, Suite 1200  
Jacksonville, FL 32207  
E-mail: admin@adamscohen.com

Tel 904-204-9148  
Fax 888-978-2226

## CORPORATE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I,

**Jairo Camargo, Managing Partner, and Sole Owner of Adams & Cohen, LLC**, acting on its behalf hereby state that as such, I am authorized to file applications, affidavits and or motions on behalf of **Adams & Cohen, LLC** for our clients who are seeking recovery of unclaimed, undistributed, or undelivered tenders of funds belonging to them held by the United States, by a state or local municipality, or by an agency or instrumentality of either.

Signed this 19<sup>th</sup> day of January 2021.

By \_\_\_\_\_  
Jairo Camargo

Corporate Seal

State/ Providence of Florida

The above-named Jairo Camargo known to be the individual described in (and holding the position designated in) the foregoing instrument, appeared before me and acknowledged the execution thereof to be his/her free of act and deed.

SWORN AND SUBSCRIBED BEFORE ME: \_\_\_\_\_

Oslenys B. Alba, Notary Public-State of Florida



Oslenys B Alba  
Comm. # GG324795  
Expires: May 13, 2023  
Bonded Thru Aaron Notary



A+ Rating      State of Florida License: A9900096  
adamscohen.com



Start a new search...

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Higher Confidence

**9618 E Frederick Ave  
Spokane, WA 99206**

**Lucille M Baker**

Is this accurate?

Overview

Contact Info

Address History

Relatives

Names & Ancestry

Associates

Neighbors

Criminal & Traffic

Bankruptcies

Jobs & Education

Social Media

Assets

Free Bonus Data

Higher Confidence

Search this property

Search this property

Previous  
Addresses

Is this accurate?

**7321 E Liberty Ave  
Spokane Valley, WA 99212**

Higher Confidence

**508 W 6th Ave Apt 200  
Spokane, WA 99204**

Dates seen Aug 1997

Is this accurate?

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000097952

Entity Name: ADAMS & COHEN, LLC

Current Principal Place of Business:

201 S. BISCAYNE BLVD., SUITE 2800  
MIAMI, FL 33131

Current Mailing Address:

P.O. BOX 546293  
MIAMI BEACH, FL 33154

FEI Number: 26-3552751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORMAN, LENARD H ESQ.  
9100 S. DADELAND BLVD.  
10TH FLOOR  
MIAMI, FL 33156 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: LENARD H GORMAN

06/23/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR

Name CAMARGO, JAIRO

Address P.O. BOX 546293

City-State-Zip: MIAMI BEACH FL 33154

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JAIRO CAMARGO

MGR

06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date